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FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE ENGLISH INSURANCE ACT

By MARY BURR

THE English Insurance Act which came into operation in July of last year is, as its title implies, "to provide for insurance against loss of health and for the prevention and cure of sickness, and for insurance against unemployment." As the insurance against unemployment affects only a small number of trades in which women are not employed nothing more need be said about that part of the Act.

The administration of the Act is carried out by various committees, the chief of which is called the Insurance Commissioners, two of whose members must be women, and it is good to relate that the salary for both sexes is the same; a most unusual thing in England. These Commissioners are practically the chief authority; they appoint an advisory committee which consists of representatives of practically all sections of the insured persons through their societies or unions, *except nurses*, they were refused. Insurance committees are appointed for every county, or county borough within the county; district committees for every 10,000 inhabitants; for rural districts, 20,000 inhabitants; these are all under the jurisdiction of the Insurance Commissioners. On all these committees a very small proportion must be women,—at least four women and four doctors must be appointed on each,—but as the minimum number of members on these committees is forty, women are certainly not over-represented; of course many more may be appointed and probably are, but the legal minimum does not tend to the over-representation of women.

It is compulsory for all employed persons of either sex over the age of 16 years to be insured, unless their income is over \$800 per annum, or who have a pension or unearned income of \$130 a year, or who are over 65 years of age. These are called the employed contributors. Of course there are many exceptions. It also provides for those who are not employed but are engaged in some regular occupation and who are mainly or wholly dependent upon their earnings for a living, these are called voluntary contributors.

The money to carry out the provisions of this Act is provided partly by the employers, partly by the employees, and by Parliament in the proportion of seven-ninths for male employees and their employers and the state two-ninths. For women and their employers three-fourths and the state one-fourth. This works out at four pence per week from men, three pence per week from women, three pence per week from the employer and two pence per week from the state. When the insured person is over 21 years of age and the earnings are not more than one shilling and six pence a day, not including board and lodging, then the employer pays the employee's part as well as his own. When the amount earned exceeds one shilling and six pence, but does not exceed two shillings, the employer pays five pence and four pence per week respectively, and the employee one penny. When the earnings exceed two shillings per day but not more than two shillings and six pence, the employer pays four pence and three pence per week respectively, and the employed person three pence; the state paying the difference on the two first as well as the two-ninths. The rates are lower for Ireland.

Voluntary contributors, if they insure within six months of the commencement of the Act, and are under 45 years of age, pay at the same rate as the employed person; viz.: seven pence for men, and six pence per week for women. The state two pence. If over 45 then at a rate equal to the employed rate. If insuring after the six months' grace, then payments must be made according to age at a rate fixed by the Insurance Commissioners. There are various rules to cover transference of voluntary contributors to employed and *vice versa*.

The benefits to be received under this scheme are: (a) *Medical* benefit; i.e., medical treatment, attendance, medicine and such medical and surgical appliances as may be prescribed by the regulations of the Insurance Commissioners. (b) *Sanatorium* benefit; i.e., treatment in sanatoria or other institutions for tuberculosis or such other diseases as the Local Government Board and Treasury may appoint. (c) *Sickness* benefit; i.e., periodical payments, on notice being given commencing from the fourth day of sickness to continue to end of illness or for not more than 26 weeks for employed persons; males receiving ten shillings, females seven shillings and six pence a week, respectively. (d) *Disablement* benefit; i.e., periodical payments after the termination of sickness benefit so long as the insured person is incapable of work through disease or disablement. This consists of five shillings a week for both men and women. (e) *Maternity* benefit; i.e., the payment of thirty shillings on the confinement of the wife, or birth of posthumous child of

the widow of an insured person, or any other woman being an insured person. A woman who is an insured person, married or a widow, giving birth to a posthumous child, is entitled to sickness and disablement benefit also. Except in these cases a woman is not entitled to sickness or disablement benefit until four weeks after confinement unless the sickness is not connected either directly or indirectly with her confinement. An unmarried mother, being an insured person, may recover expenses incidental to the birth of her child and maintenance (if she can get it) from the father although she has received maternity benefit. The benefit in the case of a married woman is paid in "cash or otherwise" to the husband but if he does not adequately provide for his wife during confinement, and for four weeks after, he is liable to summary conviction with or without hard labor for not more than one month. The doctor or midwife has to be paid out of the maternity benefit and if a midwife has to call in a medical practitioner his fee is recoverable as part of the maternity benefit. Maternity benefit does not begin until 26 weekly contributions have been paid by an employed person, or 52 contributions by a voluntary contributor. Maternity benefit shall be paid to any hospital or institution of which the insured person is an inmate if she is also entitled to sickness and disablement benefit, and is not to be used for the maintenance of her family. No woman is to be refused by any workhouse infirmary for confinement on account of being an insured person and entitled to benefits.

When contributions are in arrears then benefits are curtailed although under certain circumstances they are ignored—viz.: in the case of an insured woman for two weeks before and four weeks after her confinement, or in the case of a posthumous child of the widow of an insured person during the period subsequent to the father's death. And no penalty may be inflicted in regard to maternity benefit unless necessitated by the misconduct of the woman herself.

Medical and sickness benefits commence only when 26 weekly payments have been made, and for disablement benefit 104 weekly payments must have first been paid. If the insured person is an inmate of a hospital, asylum, or other institution supported by charity or voluntary contributions, no sickness or disablement benefit is to be paid to him but to be used for his dependants. No insured person may receive sickness or disablement benefit if he is receiving compensation or damages for injury or disease unless the weekly value is less than he would receive as benefit, then the excess only is payable as benefit.

All these benefits shall be administered by approved societies to their members or by the Insurance Committees.

An approved society may be any body of persons who are approved by the Insurance Commissioners or a society may establish a separate section with or without honorary members who are not insured persons, but a society must show: 1. That it is not carried on for profit. 2. That its affairs are subject to the absolute control of its members whether insured persons or not, including provision for the election and removal of the committee of management or other governing body of the society. 3. Honorary members to have no right of voting in regard to matters or questions of this Act. A society carried on for profit may establish a section which does fulfil these conditions. No society may refuse membership to any one solely on account of age. Members may transfer from one society to another when his transfer value—that is, the sum representing the liability of the society in respect of him—shall be paid to the society to which he is transferred. Most of the big Friendly Societies and many others have become either approved societies or have arranged sections as approved societies under the Act. The books and accounts must be open to examination and audit. When there is a surplus above the amount of the liabilities of a society, then additional benefits may be granted with the consent and approval of the Commissioners. A deficiency may be met by a compulsory tax or a reduction of benefits, etc.

The societies have power to vary the benefits for all or a certain section of members but they must be of equal value to those abolished. They may make their own rules for the paying, visiting, conduct, etc. of members, but women members must be visited by women. Fines which must not exceed ten shillings and suspensions not to exceed one year may be inflicted.

No penalty may be inflicted for refusal to undergo an operation, vaccination or inoculation, unless in the case of a minor operation when the refusal is considered to be unreasonable. None but duly qualified medical men and certified midwives may be employed. A list of medical men who have agreed to serve under the Act is to be published by the Insurance Committees for each district; every medical man has a right to be included in the list if he wishes. Any insured person may choose his doctor, if that doctor will agree to treat him, and those who do not choose are to be equally divided as patients among all the doctors on the list.

The Act as it affects women: If an insured woman marries, all benefits are suspended, one-third of her transfer value being carried to

the married women's suspense account; she may within a month of her marriage become a married woman voluntary contributor at reduced rates; viz.: she shall pay three pence a week and receive the following benefits: medical and sickness benefit, the latter being five shillings a week, and disablement benefit, three shillings a week; or if she does not become a voluntary contributor, two-thirds of her transfer value shall be used for her benefit until exhausted. If, however, she is a deposit contributor, *i.e.*, paying through the Post-office, she has no option to become a voluntary contributor, but the two-thirds of her payments are used for her benefit. If a married woman becomes an employed person before her husband's death, she must pay her ordinary contributions and ceases to be suspended but benefits are only supplied to her as if she had never before been insured; *i.e.*, presuming she has never needed benefits, the money paid before marriage is kept and she must pay 26 weekly payments before she has the right to medical benefit. If, however, the husband dies and the widow becomes an employed person, all arrears accruing before the husband's death and for one month after are disregarded.

From every contribution of insured persons who are members of an approved society, except voluntary contributors, 1 5/9 d., or in the case of a woman, 1 1/2 d. is retained by the Insurance Commissioners for the reserve values to be credited to their societies.

Notice here, too, that women pay a larger proportion than men.

The history of the treatment of the nursing profession by those responsible for this Act is most discreditable. When the Insurance Bill was under discussion, a committee was formed with Mrs. Bedford Fenwick (the guardian angel of nurses), as chairman, to watch the interests of trained nurses. This committee petitioned the Chancellor of the Exchequer to receive a deputation; this was refused. Then a memorandum was sent to him, pointing out that in this Bill, dealing as it does with the national health, trained nursing was not mentioned, and that whilst approved societies could contribute to nursing institutions and hospitals, no guarantee of the quality of the nursing given was provided. It was also pointed out that insured persons have as much right to a state guarantee concerning the qualifications of nurses, for whose services they are compelled to pay, as of the qualifications prescribed for their medical attendants and midwives. A third communication was sent to the Chancellor, asking that the word "trained" might be inserted in the Bill before the word nurse, and that a fully trained nurse might be placed upon the central advisory committee.

These suggestions were also placed before the Prime Minister and other influential members of the House of Commons. Endeavors were also made by the Rt. Hon. R. C. Munro Ferguson, M.P., to have amendments dealing with these points considered during the discussion of the Bill, but this was prevented by the unstinted use of the closure. When the Act was passed, copies of these petitions were sent to Sir Robert Morant, the Chairman of the Insurance Commissioners, but nothing has been done to remedy this very serious omission, and trained nursing is, therefore, not included amongst the benefits, although nursing is. A memorandum recently sent by the General Medical Council to the Insurance Commissioners regarding the possible adverse effect the Act may have on the education of students of midwifery, was promised serious consideration by the Commissioners. The Commissioners have power to include a trained nurse as well as others on the advisory committee. The Scottish Commissioners have done so, having appointed Miss A. W. Gill, Matron of the Royal Infirmary, Edinburgh, on the advisory committee for Scotland. Miss Gill was nominated by the Scottish Matrons' Association and the Scottish Society of Trained Nurses. So far the English nurses have no direct representation, although every other worker, male and female, has direct representation through societies or unions.

As we have no legal status for nurses in England, the Insurance Committees may employ any one they please to carry out the duties authorised under the Act. These duties are the nursing and visiting insured persons; also the Insurance Committees have power to provide for lectures on questions relating to health and presumably such lectures will be given by women (who ought to be trained nurses) to women. Unfortunately there are many county nursing associations which supply the sick poor with midwives; in addition these women have a short (from three to nine months) experience of general nursing. They are called village or cottage nurses, and are given their training at the expense of the association, on signing an agreement for a term of years' service. These semi-trained women are paid miserable salaries, and often work under conditions which no thoroughly trained women could possibly accept. Many specious excuses are given by these lay-controlled associations for employing these women but the real reason is they are *cheap*. It does not require a prophet's vision to foretell the natural result of the inexplicable action of our legislators in deliberately ignoring the advice of nursing experts.

Already these county nursing associations are endeavoring to get their

so-called nurses employed by the Insurance Committees, and, of course, will make money out of these poor sweated women. The Insurance Committees must have some women members, among whom by chance there may be a trained nurse, but she will not be appointed as a nurse to safeguard the standard of nursing given the insured sick or to define the qualifications of the nurses employed. Midwives have been placed upon the Advisory Committee and also upon the Insurance Committees by the Commissioners. This is the result of their legal status.

It is really appalling that in the country which produced Florence Nightingale, who first made nursing a science, any body of men could be so prejudiced and short-sighted as to deliberately flout a large body of well-educated and skilled women upon whom the health of the nation so largely depends. The result is already beginning to be apparent as some of the best nurses are leaving the country for other lands where their qualifications will doubtless be better appreciated.

The effect of the Act upon the rank and file of nurses will undoubtedly tend to keep out of the profession the best type of woman—just those who are most needed—and for those already in the profession, to lower their professional standing; to lessen work for the private duty nurses, if they insist upon their patients paying the employers' share of the tax. Nurses are classed as domestic and not professional workers. They, with all other women workers who must be insured, pay a higher rate for their so-called benefits than men; in their case the medical benefit is one which in the majority of cases has always been granted them, as associate workers, by the medical profession. The weekly tax of six pence which many private-duty nurses will pay rather than create friction with their patients, will reduce their earnings, and should they raise their fees they will lose work that way, as hospitals and nursing institutions who send out private-duty nurses are considered the employers of their nurses, so they pay the employer's tax; but nurses working on co-operative societies are considered as working for themselves. Many of these nurses, through their societies, already pay under the Employers' Liability Act, yet should they in any case receive compensation or damages they cannot claim sickness or disablement benefit.

To make the best of an exceedingly harsh piece of legislation, an approved society for trained women nurses has been formed, so that the payments of nurses can be used in benefits more suitable to the needs of nurses. This was very necessary to prevent the use of their money for medical benefit which may possibly still be accorded them by the medical profession as hitherto. (It is possible that this courtesy may be withdrawn

and that every insured nurse will have to be treated as an insured person by a doctor on the panel or list.) Also to avoid assisting in the payment of maternity benefits to the wives of insured men and to the poorer working women who will need it. The majority of nurses will never need maternity benefit as they won't marry, and those that do, usually marry into a class above the compulsory insurance line. The money thus saved can be used to better advantage in other benefits, such as dental treatment, increase of disablement benefit, or pensions, which would be of great value to many nurses. The closer one studies this Act the more one realizes how urgent is the necessity for women to have the power of the vote so that they shall not in future be taxed to supply benefits for the other sex, and to prevent the passing of such unjust laws.

ITEMS

MISS CATHERINE ELSTON has resigned her post as head of the nursing school of the Civil Hospitals of Bordeaux, after nine years of brilliant achievement. Mlle. Gallienne, one of her graduates and for some time her assistant, will take the school.

SISTER AGNES is delighted with the prospects of the nursing course in Leipsic at the *Frauen Hochschule*. Five nurses have entered.

MISS AMY TURTON is leaving Italy, where she has done such glorious work, to live in England for family reasons. The school in Rome is daily a more gratifying and model example of what a school should be. Several Sisters of Charity are among the pupils.

ONE of Miss Baxter's graduates in Naples has been giving a course of massage to the Queen.